

## COMMONWEALTH of VIRGINIA

Department of Health

Marissa J. Levine, MD, MPH, FAAFP State Health Commissioner

## Office of Licensure and Certification

TYY 7-1-1 OR 1-800-828-1120

9960 Mayland Drive, Suite 401 Henrico, Virginia 23233-1485 FAX: (804) 527-4502

March 8, 2018

RE: COPN Request No. VA-8383 Winchester Medical Center Winchester, Virginia

Expand Imaging Services by Addition 1 MRI Fixed

<u>Unit</u>

Grady W. Philips, III Senior Vice President, Valley Health President, Winchester Medical Center 220 Campus Boulevard, Suite 402 Winchester, VA 22601

Dear Mr. Philips:

I write to acknowledge the <u>March 1, 2018</u> receipt of the letter of intent and enclose the material for your use in filing a certificate of public need (COPN) request for the above-referenced project.

When completing the enclosed application form, you may wish to consult our office the Division of Certificate of Public Need (DCOPN) in accordance with Part V of the <u>Virginia Medical Care Facilities</u> Certificate of Public Need Rules and Regulations (Regulations).

The <u>Code of Virginia</u> prescribes eight required considerations that provide criteria for the review of COPN applications and Section 32.1-102.3.A of the <u>Code of Virginia</u> requires that COPN decisions "shall be consistent with the most recent applicable provisions" of the <u>State Medical Facilities Plan (SMFP)</u>. As a COPN applicant, please take note of the <u>SMFP</u> and the eight required considerations and prepare your application accordingly.

The Regulations, the <u>SMFP</u> and the eight required considerations at §32.1-102.3.B of the <u>Code of Virginia</u> can found at the following internet addresses respectively.

https://law.lis.virginia.gov/admincode/title12/agency5/chapter220/

https://law.lis.virginia.gov/admincode/title12/agency5/chapter230/

https://law.lis.virginia.gov/vacode/title32.1/chapter4/



When filing the application, please submit two copies to my attention at the following address:

Virginia Department of Health Division of Certificate of Public Need 9960 Mayland Drive – Suite 401 Richmond, Virginia 23233

The <u>Code of Virginia</u> at § 32.1-102.6 requires applications to be transmitted to the DCOPN electronically on compact disk data storage media or email to <u>COPN@VDH.VIRGINIA.GOV</u>, by certified mail or a delivery service, return receipt requested, or by hand with a signed receipt to be provided.

The DCOPN will conduct a preliminary review of the application upon receipt to determine its completeness. In accordance with 12 VAC 5-220-290 B, no application will be deemed to be complete for review until the required application fee is paid. The fee schedule is one percent of the proposed expenditure for the project, but no less than \$1,000 and no more than \$20,000.

The next review cycle that is available for this project category is scheduled as follows:

## BATCH GROUP D

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Deadline for Submission of Application	April 2, 2018
Deadline for Submission of Any Additional	
Information Required to Complete Application	May 7, 2018
First Day of Review Cycle	May 10, 2018
Deadline for Completion of DCOPN Review	<b>July 19, 2018</b>
Deadline for Commissioner's Decision (assuming	
there is no need for an Informal Fact-Finding Conference)	September 7, 2018

Other sections of Part V of the amended Regulations provide additional details about the review of applications.

Please let me know if you have questions or require additional assistance.

Sincerely,

TC Jones, IV, COPN Project Supervisor Division of Certificate of Public Need

Enclosures



Com

March 1, 2018

Marissa Levine, MD, MPH State Health Commissioner Virginia Department of Health 109 Governor Street, 13th Floor Richmond, VA 23219

RE: Letter of Intent

Winchester Medical Center

Expand Imaging Services by addition 1 MRI Fixed Unit

Dear Dr. Levine:

This serves as Winchester Medical Center's (WMC) Letter of Intent to seek Certificate of Public Need (COPN) approval to expand existing imaging services by adding one fixed MRI unit in Winchester, VA located in Planning District 7, Health Planning Region I.

Please transmit all application forms to Winchester Medical Center at the following address:

Mary Zufall Business Development Manager 220 Campus Blvd., Ste.402 Winchester, VA 22601

Should you have any questions regarding the proposed project or require additional information to process this Letter of Intent, please do not hesitate to contact Mary Zufall, Business Development Manager for Valley Health, at (540) 536-2504 or via e-mail at <a href="mailto:mzufall@valleyhealthlink.com">mzufall@valleyhealthlink.com</a>.

Thank you for your time and assistance with this process.

Sincerely,

Grady W. (Skip) Philips, III, FACHE Senior Vice President, Valley Health President, Winchester Medical Center

cc: T.C. Jones, DCOPN

OFFICE OF THE STATE

MAR 1 2018

HEALTH COMMISSIONER

